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## Chapter 4: Toronto Art Therapy Institute

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## CHAPTER 4

### Toronto Art Therapy Institute

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#### HISTORY

As mentioned in Chapter one, Dr. Martin Fisher began using art therapy in 1944 while working as a staff psychiatrist in New Toronto. He also utilized art therapy in his later work with severely disturbed children and adolescence as Clinical Director of Warrendale-Browndale. Due to the success he achieved through this form of treatment, in 1968 Dr. Fischer established the Toronto Art Therapy Institute. From the outset the Institute had three major goals: (a) to provide a two year program to train individuals interested in becoming art therapists, (b) to help children through the development of preventative spontaneous art programs in schools, and (c) to serve as a clinic for children, adolescents, and adults from a variety of populations who are physically, emotionally, or mentally challenged. In addition, the Institute, which has operated since 1968 as a non-profit organization, has been active in introducing art therapy to such settings as Wellesley Hospital, Queensway Hospital, Hospital for Sick Children, Thistletown Hospital, Clarke Institute of Psychiatry, the Children's Aid Society, the West End Creche, and to the Boards of Education in Toronto and the City of York.

Formal classes at the Institute began in 1969. Initially the classes were given on weekends and were directed largely to professionals who had requested training in art therapy. In 1972 the Institute initiated weekday training that consisted of two days of classes and one day of internship experience.

#### THEORETICAL ORIENTATION

The theoretical orientation of the program is best expressed in Dr. Fischer's own words. In an article that appeared in the Spring/Summer 1973 edition of Art he wrote that "Dr. Sigmund Freud, the founder of psychoanalysis, assigned to the unconscious a critical position from which all achievements of art and literature originate. He stated that, 'We are probably much too inclined to overestimate the conscious character even of intellectual and artistic production.'"

Dr. Fischer believed that language, though it is a primary carrier of culture, frequently acts as a strong inhibiting agent in the expression of emotions. Experiences belonging to the pre-verbal realm of infancy cannot be adequately expressed in words. We are aware from the work of developmental psychologists, of the primacy of images in childhood

and the gradual transformation of image thinking in terms of words for the purpose of communication. Art therapy can fill this important gap in non-verbal communication by making full use of the individual's ability to project his or her inner unconscious thoughts and feelings and thereby to communicate symbolically.

By selecting and using materials from a variety of art media an individual can give expression to repressed thoughts and feelings that relate to conflicts, traumatic experiences, fantasies, dreams, self image, patterns of relationships to others, defensive operations, impulse controls, as well as reactions to and views of the past, present, and future. The artistic productions themselves progressively unfold as projected images which, in turn, provide a global matrix of stimuli for free association. As a result of this visual stimulation the individual is offered an opportunity to comment, through free association, on the meaning of the art product and to the thoughts and feelings that are associated with this product.

In addition to revealing the attitudes, feelings, and conflicts that an individual experiences, Dr. Fisher also believed that spontaneously created art can provide information on the individual's intellectual capacity in addition to enabling the individual to emphasize what is most important to themselves. Each person's inner urge to express not only the conscious but also what are unconscious repressed thoughts and feelings is given full play in the art room. It is in this regard that the individual is encouraged to be as spontaneous as possible under the careful direction of a trained art therapist. Spontaneity at first is difficult to achieve because of the individual's tendency to carefully screen and premeditate actions. Gradually, however, as one gains freedom from conventions and preconceived ideas about art, spontaneous expressions that reflect the way one sees and feels begin to emerge. In other words, the initial emphasis of aesthetic considerations gradually gives way to a more direct and honest form of communication.

Dr. Fischer was intrigued by the way different personalities can be reflected in the individual qualities that emerge from paintings and sculptures. One notices, for example, the use space, size of objects, representations of the person in relation to others, choice of art medium, intensity of color, organization as well as clarity or vagueness in a painting, its abstract or representational aspects, and the appropriateness of subject matter and mood. In this regard, according to Dr. Fischer, the actual state of a person's mind as well as their lifestyle can begin to appear through the person's art work.

#### ADMISSION REQUIREMENTS

Each candidate is interviewed by an admissions committee which con-

sists of faculty members and a senior trainee. The committee takes into consideration the candidate's academic qualifications, life experiences, reasons for wanting to become an art therapist, as well as the candidate's attitudes about the therapeutic process. Although an art portfolio is not required, for acceptance into the program, candidates must have a bachelors degree.

#### NATURE OF THE PROGRAM

From its inception the Institute has offered a concentrated approach to training with the goal of instructing therapists to become highly skilled and competent professionals able to work either as primary therapists or as an integral part of a multi-disciplinary team in such settings as schools, hospitals, mental health centres, and social service agencies. As one means of achieving this goal, trainees must undergo in-depth self exploration through personal psychotherapy. Therefore, all students in the program are required to complete a minimum of 80 hours of psychotherapy with a therapist in the community. When Dr. Fischer established the curriculum he was committed to the belief that in order to function objectively as therapists, trainees need to examine their own attitudes and subjective responses in a comprehensive and systematic way which only personal therapy can provide. The faculty at the Institute continue to share this belief.

A special value of the Institute lies in its small size and the flexible nature of the program which makes it possible to provide highly individualized instruction that focuses on the needs of the trainees and their clinical as well as research interests. Also, the curriculum has been designed to complement as well as to enrich the trainees' theoretical knowledge of the principles of art therapy treatment while they develop their therapeutic skills. The faculty consist of experienced practitioners with diverse clinical and academic backgrounds. They bring to the program knowledge of family therapy, child psychotherapy, and group work, as well as knowledge of social and cultural issues as they affect treatment. Trainees also receive instruction in ethics, psychiatry, theories of creativity, human development, and research methodology.

The first year of the program consists of a concentrated clinical foundation as well as a required internship where trainees work with either children, adolescents, or a psychiatric population. Trainees are then able to select other clinic populations to complete their training experience. During the second year of the program trainees are expected to complete a graduate level research thesis based on their clinical experience. Working under the supervision of a thesis advisor, trainees attend a thesis seminar which helps them prepare for their thesis project. Each thesis must be approved by the advisor and by a second independent reader. A

large number of bound theses are available for reference in the Institute library. The topics range from the treatment of sexual abuse victims, torture victims, aids patients, cancer patients, and the physically and chronically disabled, to the treatment of young offenders, individuals with dual diagnosis, and individuals with low self esteem.

Courses offered at the Institute include: Therapeutic Skills in Art Therapy, Foundations in Art Therapy, Applications of Art Therapy, Disorders of Children, Adolescents and Adults, Issues in Human Development and their Application to Art Therapy, Ethical Considerations for Art Therapists, Group Therapy Techniques, Social and Cultural Issues and Art Therapy, Advanced Case Discussions on the Use of Art Therapy with Children, Adolescents and Adults, Family Art Therapy, and Spontaneous Art Group. As part of the course requirements trainees are expected to make written and oral presentations on case material during both years of the program.

From its inception the faculty and graduates of the Institute have pioneered in the establishment and integration of art therapy programs in Ontario, British Columbia, and Arizona. In addition, the faculty have been acknowledged for their innovative approaches to treatment through funding for the development of art therapy programs with children who have been physically, sexually and emotionally abused, as well as for sexually abused adults, victims of ritual abuse, and children who have witnessed and/or experienced violence in the home. Trainees have always had opportunities to participate in these programs as part of their internship experiences. Other settings where trainees can gain experience are in major hospitals, social service and mental health agencies as well as in schools. Finally, the Institute has relationships with both the Lesley College Graduate School as well as with the Adler Institute of Psychology where trainees can receive advanced credit toward a Master's of Arts degree.